PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
REQUEST FOR APPROVAL OF DEFERMENT

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER

ADDRESS	PHONE: CELL ☐ HOME ☐

DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS

Below is a list of required/optional post-graduate clinical training programs and residencies for which recipients are required to request deferment of their service obligation. Please check the type program(s) or residency(s) where you will be submitting an application.

If the post-graduate clinical training program(s) or residency(s) is not listed, please provide information regarding the program(s) or residency(s) under the section titled "Other."

PHYSICIAN

Three Years	Four Years	Five Years	Fellowship
☐ Emergency Medicine	☐ General Psychiatry	☐ Anesthesiology	☐ Trauma-Critical Care
☐ Family Practice	☐ Internal Medicine/Pediatrics	☐ General Surgery	
☐ General Internal Medicine	☐ Internal Medicine/Family Practice		
☐ General Pediatrics	☐ Obstetrics – Gynecology		

CLINICAL PSYCHOLOGIST
☐ 2,000-hour supervised practice under a licensed clinical psychologist

SOCIAL WORKER
☐ 2,000-hour supervised practice under a licensed clinical social worker

DIETITIAN
☐ 900-hour American Dietetic Association (ADA)-approved internship (if not included in your school's didactic instruction)

PHARMACIST
☐ One-year American Society of Health-System Pharmacists (ASHP) or American Pharmacists Associations (APhA) accredited Post-Graduate Year One (PGY 1) Pharmacy Residency Program (hospital, community or managed care only)

OPTOMETRIST
☐ One-year post-graduate residency program for Ocular Disease/Pathology or Primary Care Optometry

OTHER: _____

_____

RECIPIENT'S SIGNATURE	DATE

Return to:
IHS Scholarship Program
Attn: Program Analyst
801 Thompson Ave., Suite 120
Rockville, MD 20852

Reviewed (IHS use only): _____
Analyst, Branch Chief or Designee

Approved (IHS use only): _____

IHS-856-11   EF